

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-038990

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

5310

FILED NOV 1 1962

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KANSAS CITY

Length of stay in lb
55 YEARS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 2615 DRURY AVENUE

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI COUNTY JACKSON

c. CITY OR TOWN KANSAS CITY

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
2615 DRURY AVENUE

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

ALVIN

CARL

STRANDBERG

(Type or print)

4. DATE OF DEATH

Month

Day

Year

OCTOBER

15

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married

☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/28/92

9. AGE (last birthday)

70

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CHILD OPERATIVE ENGINEER

10b. KIND OF BUSINESS OR INDUSTRY

SMITH BAKERY

11. BIRTHPLACE (City and state or country)

LEXINGTON, MO.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

FRANK STRANDBERG

13b. MOTHER'S MAIDEN NAME

CAROLINE MORK

14. NAME OF HUSBAND OR WIFE

IVA M. STRANDBERG

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) NO

16. SOCIAL SECURITY NO.

17. INFORMANT

IVA M. STRANDBERG KANSAS CITY, MO.

18. CAUSE OF DEATH (Enter only one cause per line if death was caused by:)

IMMEDIATE CAUSE (a)

Cardiac Failure

INTERVAL BETWEEN ONSET AND DEATH

3 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Metastatic carcinoma

weeks

DUE TO (c)

Cancer of the Prostate

?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. Month, Day, Year p.m.

20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Mar. 1962 to 10-15-62 and last saw her alive on 10-15-62
Death occurred at 10-15-62 5:32 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

D.W. Newcomer

(Print or title)

22b. ADDRESS

9140 E. Highway 50.

22c. DATE SIGNED

10-15-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

OCT. 18, 1962

23c. NAME OF CEMETERY OR CREMATOR

MT. MORIAH CEMETERY

23d. LOCATION (City, town, or county)

KANSAS CITY

(State)

MISSOURI

24. FUNERAL DIRECTOR

D.W. NEWCOMER'S SONS KANSAS CITY, MO.

ADDRESS

1331 BRUSH CR.

25. DATE RECD. BY LOCAL REG.

10-18-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

D.W. B. UPFOLD

DOCUMENT

VS 300
Rev. 4/59

1

2 348

3

4 0

5 1

6

7 0

8 2

9 177X

10

11

12 70-2

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Dean W. Huff

Licensed Embalmer No. *4914*

P. O. Address *Indy, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.